## STATE CENTRAL COMMITTEEWOMAN PETITION

We, the undersigned, members of ar DEMOCRATIC PARTY, in the	Congressional District	of the State	e of Illinois, do h	ereby petition that
Unincorporated Area (circle one) of Code County of	, (if uninc	corporated, list r	nunicipality that provides	s postal service) Zip
the office of STATE CENTRAL COMMITTE the primary election to be held on	<b>EWOMAN</b> of the State of Illinois, t	for the	e of the DEMOCRATIC P Congressional Distr	ARTY for election to ict to be voted for a
NAME (VOTER'S SIGNATURE)	STREET ADDRESS RR NUMBER	OR	CITY, TOWN OR VILLAGE	COUNTY
1				IL
2				IL
3				IL
4				IL
5				IL
6				IL
7				IL
8				IL
9				IL
10				IL
11				IL
12				IL
13				IL
14				IL
15				IL
State of	) ) SS. )			
l,	(Circulator's Name) do hereby	certify that I res	ide at	,
in the City/Village/Unincorporated Area (circ	ele one) of	(if un	incorporated, list munici	pality that provides
postal service) Zip Code,Cour older, that I am a citizen of the United State preceding the last day for filing of the petition at the time of signing the petition registered office, and that their respective residences a	s, and that the signatures on this s and are genuine and that to the b voters of the Democratic Party in the	sheet were sign best of my know he political division	ned in my presence, not ledge and belief the pers	more than 90 days ons so signing were
		(Circulator's Signature)		
Signed and sworn to (or affirmed) by		before me, on		
	(Name of Circulator)	(insert month, day, year)		
(SEAL)	 SHEET NO	(Notary Public's Signature)		